

FILED

AUG 22 2022

STEPHANIE J. BUTLER, CLERK
U.S. BANKRUPTCY COURT
EASTERN DISTRICT OF NC

Fill in this Information to identify the case:

Debtor 1 International Heritage, Inc.
 First Name _____ Middle Name _____ Last Name _____

Debtor 2 _____
 (Spouse, if filing) First Name _____ Middle Name _____ Last Name _____

United States Bankruptcy Court for the: _____ District of _____
 (State)

Case number: 98-02675

Form 1340 (12/19)**APPLICATION FOR PAYMENT OF UNCLAIMED FUNDS****1. Claim Information**

For the benefit of the Claimant(s)¹ named below, application is made for the payment of unclaimed funds on deposit with the court. I have no knowledge that any other party may be entitled to these funds, and I am not aware of any dispute regarding these funds.

Note: If there are joint Claimants, complete the fields below for both Claimants.

Amount:	<u># 951.60</u>
Claimant's Name:	<u>Fredric J. Schmitt d/b/a Randolph Asset Recovery</u>
Claimant's Current Mailing Address, Telephone Number, and Email Address:	<u>2408 018 St. Mary's Rd. #1 Perryville, Mo 63775 618-363-9468 f.schmitt62@yahoo.com</u>

2. Applicant Information

Applicant² represents that Claimant is entitled to receive the unclaimed funds because (*check the statements that apply*):

- Applicant is the Claimant and is the Owner of Record³ entitled to the unclaimed funds appearing on the records of the court.
- Applicant is the Claimant and is entitled to the unclaimed funds by assignment, purchase, merger, acquisition, succession or by other means.
- Applicant is Claimant's representative (e.g., attorney or unclaimed funds locator).
- Applicant is a representative of the deceased Claimant's estate.

3. Supporting Documentation

- Applicant has read the court's instructions for filing an Application for Unclaimed Funds and is providing the required supporting documentation with this application.

¹ The Claimant is the party entitled to the unclaimed funds.

² The Applicant is the party filing the application. The Applicant and Claimant may be the same.

³ The Owner of Record is the original payee.

4. Notice to United States Attorney

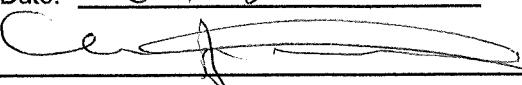
Applicant has sent a copy of this application and supporting documentation to the United States Attorney, pursuant to 28 U.S.C. § 2042, at the following address:

United States Attorney for the
Eastern District of North Carolina
150 Fayetteville Street,
Suite 2100, Raleigh,
NC 27601

5. Applicant Declaration

Pursuant to 28 U.S.C. § 1746, I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

Date: 8-16-22



Signature of Applicant

Fredric J. Schmitt

Printed Name of Applicant

Address: 2408 Old St. Mary's Rd. #1
Perryville, MO 63775

Telephone: 618-363-9468

Email: fschmitt62@yahoo.com

6. Notarization

STATE OF MISSOURI

COUNTY OF PERRY

This Application for Unclaimed Funds, dated

8-16-2022 was subscribed and sworn to before
me this 16 day of August, 2022 by

Fredric J Schmitt

who signed above and is personally known to me (or
proved to me on the basis of satisfactory evidence) to be
the person whose name is subscribed to the within
instrument. WITNESS my hand and official seal.

(SEAL)

Notary Public

Linzie M. Welker

LINZIE M. WELKER My commission expires:

NOTARY PUBLIC - NOTARY SEAL

STATE OF MISSOURI

COUNTY OF PERRY

My Commission Expires: DECEMBER 25, 2022

COMMISSION # 18617978

5. Co-Applicant Declaration (if applicable)

Pursuant to 28 U.S.C. § 1746, I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

Date: _____

Signature of Co-Applicant (if applicable)

Printed Name of Co-Applicant (if applicable)

Address: _____

Telephone: _____

Email: _____

6. Notarization

STATE OF _____

COUNTY OF _____

This Application for Unclaimed Funds, dated

_____ was subscribed and sworn to before
me this _____ day of _____, 20 _____ by

who signed above and is personally known to me (or
proved to me on the basis of satisfactory evidence) to be
the person whose name is subscribed to the within
instrument. WITNESS my hand and official seal.

(SEAL)

Notary Public

My commission expires: